

2015 Boys Summer League Registration Form

PLAYERS NAME: _____

ADDRESS: _____

CITY: _____ **ZIP** _____

PHONE: _____ **CELL:** _____

E-MAIL: _____

PARENTS NAMES: _____

EMERGENCY CONTACT NUMBER _____

DIVISION:(circle one) U11(9-10) Born on or after 09/01/2003
U13(11-12) Born on or after 09/01/2001
U15(13-14) Born on or after 09/01/1999
High School

TEAM OR COACH REQUEST: _____

EXPERIENCE: (circle one) Rec in- house / Rec travel / Club / High School

POSITION: (circle one) Attack / Midfield / Defense / Goalie

CHECKS MADE TO: Churchville Recreation Council

RETURN REGISTRATION AND CHECK TO:
Churchville Recreation Center (Attn: lax summer league)
111 Glenville Rd
Churchville, MD 21028

I agree that I will Not hold the team, program, coach or the Churchville Recreation Council responsible for injuries received while participating in the above mentioned program. I understand that there is an inherent risk involved in participating in any program and I certify by my signature, that my child is physically capable of participating in this program.

SIGNATURE _____ **DATE** _____

For more info: Churchvillelax@verizon.net